



**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing
OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 90096
First Named Inventor Fabian Haischmann

COMPLETE IF KNOWN

Application Number 10/623,279
Filing Date 07/18/2003
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEVICE FOR RINSING A BODY CAVITY

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 07/18/2003 as United States Application Number or PCT International Application Number 10/623,279 and was amended on (MM/DD/YYYY) (if applicable):

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
DE 192 33 953.0-35	Germany	07/19/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet TPO/SB/02B attached hereto.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

number.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ OR Customer Number 09355

☒ Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
Herbert L. Allen	25,322	Jacqueline E. Hartt	37,845
Christopher F. Regan	34,906	Paul J. Ditmyer	40,455
David S. Sigalow	36,006	Michael W. Taylor	43,182
Richard K. Warther	32,180	John F. Woodson, II	45,236
Carl M. Napolitano	37,405	Mark R. Malek	46,894
Enrique G. Estévez	37,823		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label _____ OR ☒ Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle — [if any]) Family Name or Surname

Fabian Haischmann

Inventor's Signature		Date	
Residence	Berlin,	Country	Germany
		Citizenship	German
Post Office Address	Kaiserin-Augusta-Allee 113		
City/State/Zip	Berlin, DE-10553	Country	Germany

☐ Additional inventors are being named on the _____ supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, If any: <input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))	Family Name or Surname
Thomas Merzhauser	
Inventor's Signature	
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Name of Additional Joint Inventor, If any: <input type="checkbox"/> A petition has been filed for this unsigned inventor.	
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Country	Germany

Name of Additional Joint Inventor, If any: <input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle — (if any))	Family Name or Surname
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